

**TEST UTAH DEPARTMENT OF ENVIRONMENTAL QUALITY
HAZARDOUS WASTE CORRECTIVE ACTION PROGRAM APPLICATION**

Complete this application to apply for and request assistance/review from the Utah Division of Waste Management and Radiation Control (DWMRC). Please note that the applicant is responsible for payment of the Division's staff costs of review and oversight throughout the investigation and cleanup process as outlined in Utah Admin. Code R315-101. Please call (801) 536-0200 should you have any questions or assistance with completing this application.

Current Property Owner or Authorized Applicant:

Owner/Applicant _____

Correspondence with DWMRC should be directed to:

Contact Person _____ Title _____
Organization _____ Phone () _____ email: _____
Address _____
City _____ State _____ Zip Code _____

General Site Information:

Property/Site name _____
Address _____
City _____ State _____ Zip Code _____
Latitude _____ Longitude _____ Property size (acres) _____

Property Land Use(s) & Current Environmental Contaminant Levels:

Currently – _____
Proposed – _____
_____ Environmental Site Investigation Report/Results (please attach with application unless previously submitted)

Applicant's Objectives (Site Cleanup Levels):

_____ Not known at this time (Applicant wishes to receive guidance from DWMRC staff)
_____ Cleanup to Generic Screening and/or Risk-Based Levels with a Site Management Plan (which may include periodic environmental monitoring, site controls, environmental covenant on the property title, etc.)
_____ Cleanup to Site Specific Risk-Based Levels (_____ with or _____ without environmental controls)
_____ Other (please explain): _____

Billing Information:

The DWMRC bills for agency oversight of the work to be done under this voluntary agreement. The billing should be directed to the person listed below:

Name(s) _____ Title _____
Organization _____ Phone () _____ email: _____
Address _____
City _____ State _____ Zip Code _____

Authorization to Proceed with DWMRC regulatory oversight:

By: _____ Name: _____
(signature of authorized representative) (print or type)
Date: _____ Title: _____
Company: _____ Phone: () _____